

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference 59167-A-PCT	
International application No. PCT/US00/22060	International filing date (day/month/year) 11 August 2000
(Earliest) Priority date (day/month/year) 13 August 1999	
Title of invention CD39/ECTOADPASE AS A TREATMENT FOR THROMBOTIC AND ISCHEMIC DISORDERS	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK West 116th Street and Broadway New York, New York 10027 United States of America	
Telephone No.: None	
Facsimile No.: None	
Teleprinter No.: None	
State (i.e. country) of nationality: United States of America	State (i.e. country) of residence: United States of America
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
PINSKY, David J. 23 Kennedy Road Cresskill, New Jersey 07626 United States of America	
State (i.e. country) of nationality: United States of America	State (i.e. country) of residence: United States of America
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (i.e. country) of nationality:	State (i.e. country) of residence:
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

WHITE, John P.
 Cooper & Dunham LLP
 1185 Avenue of the Americas
 New York, New York 10036
 United States of America

Telephone No.:

(212) 278-0400

Facsimile No.:

(212) 391-0526

Teleprinter No.:

None

☐ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV STATEMENT CONCERNING AMENDMENTS**

The applicant wishes the International Preliminary Examining Authority*

(i) ☐ to start the international preliminary examination on the basis of the international application as originally filed.(ii) ☐ to take into account the amendments under Article 34 of☐ the description (amendments attached).☐ the claims (amendments attached).☐ the drawings (amendments attached).(iii) ☐ to take into account any amendments of the claims under Article 19 filed with the International Bureau (a copy is attached).(iv) ☐ to disregard any amendments of the claims made under Article 19 and to consider them as reversed.(v) ☐ to postpone the start of the international preliminary examination until the expiration of 20 months from the priority date unless that Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Box No. V ELECTION OF STATES☒ The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)* except

.....

(If the applicant does not wish to elect certain eligible States, the name(s) or country code(s) of those States must be indicated above.)

Box No. VI CHECK LIST

The demand is accompanied by the following documents for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. amendments under Article 34 | | |
| description | : | sheets |
| claims | : | sheets |
| drawings | : | sheets |
| 2. letter accompanying amendments under Article 34 | : | sheets |
| 3. copy of amendments under Article 19 | : | sheets |
| 4. copy of statement under Article 19 | : | sheets |
| 5. other (<i>specify</i>): | : | sheets |

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received

not received

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The demand is also accompanied by the item(s) marked below:

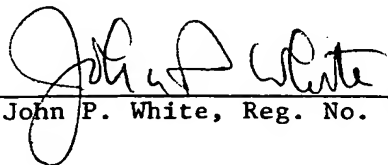
1. ☐ separate signed power of attorney
2. ☐ copy of general power of attorney
3. ☐ statement explaining lack of signature

4. ☒ fee calculation sheet

5. ☒ other (*specify*): Express Mail Certificate
of Mailing Bearing Express Mail Label
EK873630636US dated 13 March 2001

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


John P. White, Reg. No. 28,678

13 March 2001
Date

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due
to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months
from the priority date and item 4 or 5. below. does not apply.

- ☐ The applicant has been
informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of
Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival
is EXCUSED pursuant to Rule 82.

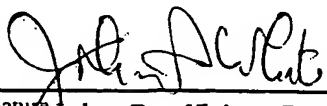
For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/US00/22060	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference 59167-A-PCT	Date stamp of the IPEA	
Applicant THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK		
Calculation of prescribed fees		
1. Preliminary examination fee	\$490.00	<input type="checkbox"/> P
2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i>	\$153.00	<input type="checkbox"/> H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	\$643.00	
		TOTAL
Mode of Payment		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input checked="" type="checkbox"/> cheque (\$643.00)	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
Deposit Account Authorization <i>(this mode of payment may not be available at all IPEAs)</i>		
The IPEA/ <u>US</u> <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.		
<input checked="" type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.		
<u>03-3125</u> Deposit Account Number	<u>13 March 2001</u> Date (day/month/year)	 Signature John P. White, Reg. No. 28,678